

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 / 50000004

FILING DATE

APPLICANT(S)

CLAIMS

ART 34	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3	2		1			
4	(1)		1			
5	(1)		1			
6	(1)		1			
7	(1)		1			
8	(1)		1			
9	(1)		1			
10	(1)		1			
11	(1)		1			
12	(1)		1			
13	(1)		1			
14	(1)		1			
15	(1)		1			
16	(1)		1			
17	(1)		1			
18	(1)		1			
19	(1)		1			
20	(1)		1			
21	(1)		1			
22	(1)		1			
23	(1)		1			
24	(1)		1			
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28	(1)		1			
29	(1)		1			
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31	(1)		1			
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33	(1)		1			
34	(1)		1			
35	(1)		1			
36	(1)		1			
37	(1)		1			
38	(1)		1			
39	(1)		1			
40	(1)		1			
41	(1)		1			
42	(1)		1			
43	(1)		1			
44	(1)		1			
45	(1)		1			
46	(1)		1			
47	(1)		1			
48	(1)		1			
49	(1)		1			
50	(1)		1			
TOTAL IND.	7	↓	1	↓		↓
TOTAL DEP.	50	←	49	←	←	
TOTAL CLAIMS	51		50			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.		←	←	←	←	←
TOTAL CLAIMS						